There is plenty of pain in this world. As we begin the new year, this issue of Psychiatric Annals focuses on injection drug use (IDU); the issue is capably guest edited by Dr. Stephen H. Dinwiddie, who takes on a well-known, but failed effort to decrease the prevalence of intravenous drug addiction. In a movie about his life (Born to Be Blue), American jazz trumpeter and vocalist Chet Baker (1929-1988) said that he played his instrument best only after using heroin.

We humans often seek happiness by attempting to circumvent or distort reality by consuming various harmful chemicals, which only result in causing more pain. For many people, this desperate search for fulfillment, in an often harsh world, as well as their attempts to self-medicate for various (undiagnosed or diagnosed) psychiatric comorbidities is certainly a cause for IDU. In our current fast-paced society, the need for immediate gratification has climbed, and IDU is the ultimate in immediate gratification.

The first article, “The Epidemiology of Injection Drug Use,” by Drs. Anna Harrison and Daniel Blonigen explains the epidemiology of IDU, which is becoming a growing problem among youth and African Americans. Then, Dr. Dinwiddie’s article, “Psychiatric Comorbidity in People Who Inject Drugs,” details the high frequencies of psychiatric comorbidity occurring in IDU. The third article, “Infectious Disease Complications in People Who Inject Drugs,” by Drs. Phillip P. Santoiemma, Dinwiddie, and Michael P. Angarone describes the diagnoses and management of viral infections, such as HIV and hepatitis viruses, that are comorbid with IDU. The next article, “Neuropsychiatric Complications of Injection-Associated Diseases: HIV and Hepatitis C,” by Dr. Jeffrey Rado focuses on the complications of neuropsychiatric diseases, like HIV and hepatitis C, that are often caused by IDU. The final article, “Harm-Reduction Strategies for Injection Drug Use,” by Nicole M. Azores-Gococo and Dr. Daniel J. Fridberg discusses the controversial issue of harm-reduction strategies in IDU. The data presented in the article indicate that these strategies, such as needle-exchange programs and HIV counseling, do help to reduce the effects of IDU.

To combat this IDU epidemic, it is imperative for clinicians and researchers to broaden our knowledge base about the epidemiology of IDU so that collectively, as medical professionals in all fields, we can work toward solutions to decrease the prevalence of people suffering.

I wish everyone a Happy New Year, and thank you for your continued support of this journal—there is always something new to learn in psychiatry. Cheers!

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doi: 10.3928/00485713-20161208-03